

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Iowa Medical Political Action Committee

ADDRESS (number and street)

1001 Grand Avenue

☐Check if different
than previously
reported. (ACC)

West Des Moines

IA

50265

3502

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003970

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gene Lariviere

Signature of Treasurer

Electronically Filed by Gene Lariviere

Date

07

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 29

Write or Type Committee Name
Iowa Medical Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	66783.38
(b) Cash on Hand at Beginning of Reporting Period	79926.30	
(c) Total Receipts (from Line 19)	15675.00	37727.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95601.30	104511.30
7. Total Disbursements (from Line 31)	9890.00	18800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85711.30	85711.30
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

Iowa Medical Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15000.00	35680.00
(ii) Unitemized	675.00	2045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15675.00	37725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15675.00	37725.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15675.00	37727.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15675.00	37727.92

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	4700.00	10110.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	5190.00	8690.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9890.00	18800.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9890.00	18800.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15675.00	37725.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15675.00	37725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Feri al Abbassy - Tewfik

Mailing Address 601 E Bloomington

City

Iowa City

State

IA

Zip Code

52245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa City Cancer Treatment
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11091

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Steven Allgood

Mailing Address 250 S Crescent Drive

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason City Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11092

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Thaddeus Anderson

Mailing Address 1500 Delhi Street
Suite 3100

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuque Obstetrics & Gynecology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11093

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Andrew

Mailing Address 800 Ohio Street

City

Webster City

State

IA

Zip Code

50595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamilton Hospital Surgery
Clin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11078

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bradley Beer

Mailing Address 1790 Blairs Ferry Road

City

Hiawatha

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Care Blairs Ferry

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.11124

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas J Benda, Jr.

Mailing Address 310 N Grandview Avenue

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuque Otolaryngology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11085

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Benzoni

Mailing Address 4343 Far Hills Road

City

Sioux City

State

IA

Zip Code

51104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11072

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Benzoni

Mailing Address 4343 Far Hills Road

City

Sioux City

State

IA

Zip Code

51104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11094

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Blackmore

Mailing Address 20 5th Street NW

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11107

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Dippel

Mailing Address 1236 E Rusholme Street

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11080

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Peggy Emery

Mailing Address 11 Sylvan Lane

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.11110

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Corrine Ganske

Mailing Address 840 E University Avenue

City

Des Moines

State

IA

Zip Code

50316-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Des Moines Family Ca-
re

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11086

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas M Gellhaus

Mailing Address 2322 E Kimbly Road

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB-GYN SpecialistsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.11073

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Paul Gisi

Mailing Address 1212 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Plaza OB-GYNOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.11108

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Krishnarao Gorrepati

Mailing Address 1515 Delhi Street, Suite 100

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuque Internal MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.11062

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Heffernan

Mailing Address 1201 Penn Avenue

City

Des Moines

State

IA

Zip Code

50316-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn Avenue Internal Medi-
cineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.11122

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. James Hubbard

Mailing Address 1500 Associates Drive

City

Dubuque

State

IA

Zip Code

52002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Associates ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	0

Transaction ID: SA11AI.11096

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Beth Isaak

Mailing Address 2425 Knob Hill Drive

City

Dubuque

State

IA

Zip Code

52201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.11109

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Jacobs

Mailing Address 1650 1st Avenue, NE

City

Cedar Rapids

State

IA

Zip Code

52402-5431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Eye Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11097

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Kitterman

Mailing Address 411 Laurel Street

City

Des Moines

State

IA

Zip Code

50314-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Anesthesio-
logy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11074

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ronald Kolegraff

Mailing Address 1823 Hwy Blvd
Suite 5

City

Spencer

State

IA

Zip Code

51301

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Iowa Surgeons

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11081

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Kresowik

Mailing Address Dept of Surgery
200 Hawkins Drive

City State Zip Code
Iowa City IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
U/I Hospitals & Clinics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11076

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Lee

Mailing Address 9116 Hammontree Drive

City State Zip Code
Urbandale IA 50322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee & Ruisch Family Medic-
ine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11098

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James Lehman

Mailing Address 1227 E Rusholme Street

City State Zip Code
Davenport IA 52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11099

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jerry Lehr

Mailing Address 108 N Jefferson Street

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Indianola Jefferson
Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.11064

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Loeb

Mailing Address 269 N 1st Avenue

City

Iowa City

State

IA

Zip Code

52245-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa City Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11087

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Ruth Macke

Mailing Address 1026 A Avenue, NE

City

Cedar Rapids

State

IA

Zip Code

52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Pathologists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11082

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven Perkins

Mailing Address 105 E Main Street

City

Waukon

State

IA

Zip Code

52172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Skemp Health
Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11089

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Anita Pine

Mailing Address 2322 E Kimberly Road

City

Davenport

State

IA

Zip Code

52807-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11083

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Michael L Pogel

Mailing Address 1315 N Court Street

City

Ottumwa

State

IA

Zip Code

52501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SE Iowa Neurology Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11118

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Puk

Mailing Address 909 E San Marnan Drive

City

Waterloo

State

IA

Zip Code

50702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Eye Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.11112

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Rupa Reddy

Mailing Address 1873 Crabapple Lane

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.11114

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Siv Saetre

Mailing Address 1230 E Rusholme Street
Suite 203

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davenport Eye Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11077

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Saggau

Mailing Address 6000 University Avenue
Suite 300

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11068

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Larry Severidt

Mailing Address 1801 Hichman Road

City State Zip Code
Des Moines IA 50314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broadlawns Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.11066

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David Swieskowski

Mailing Address 207 Crocker Street
Suite 200

City State Zip Code
Des Moines IA 50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Clinics, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11106

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Hamed Tewfik

Mailing Address 601 E Bloomington

City

Iowa City

State

IA

Zip Code

52245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa City Cancer Treatment
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11102

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sherif Tewfik

Mailing Address 1215 Pleasant Street
Suite 400

City

Des Moines

State

IA

Zip Code

50309-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologi-
sts

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11103

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Thoreson

Mailing Address 250 S Crescent Drive

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason City Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.11126

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joyce Vista-Wayne

Mailing Address 312 E Alta Vista

City

Ottumwa

State

IA

Zip Code

52501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ottumwa Regional Health
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.11104

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Nicholas Walker

Mailing Address 540 E Jefferson Street

City

Iowa City

State

IA

Zip Code

52245-2474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa City Heart Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.11116

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Steven I Wolfe

Mailing Address 200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
U/I Hospitals & Clinics

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11119

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald C Young, DO

Mailing Address 1371 NW 121st Street

City

Clive

State

IA

Zip Code

50325-8143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Iowa FertilityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11120

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

TOTAL This Period (last page this line number only) ▶

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11127 Date of Disbursement
Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Solicitation of Funds Candidate Name	<div> <div>500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11128 Date of Disbursement
Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Solicitation of Funds Candidate Name	<div> <div>300.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11129 Date of Disbursement
Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Joint Solicitation of Funds Candidate Name	<div> <div>100.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11130

Date of Disbursement

/ /

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11131

Date of Disbursement

/ /

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11155

Date of Disbursement

/ /

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11132

Date of Disbursement

05 / 20 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11133

Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11134

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11135

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11136

Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.11137

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

4700.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A. Full Name (Last, First, Middle Initial) Appel for Senate	Transaction ID: SB29.11150 Date of Disbursement
Mailing Address 10901 180th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 1 0</div> </div>
City Ackworth State IA Zip Code 50001	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>440.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Arnold for House	Transaction ID: SB29.11148 Date of Disbursement
Mailing Address Route 2 Box 156	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 0</div> </div>
City Russell State IA Zip Code 50238	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Gronstal	Transaction ID: SB29.11147 Date of Disbursement
Mailing Address 220 Bennett Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Council Bluffs State IA Zip Code 51503	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1190.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A. Full Name (Last, First, Middle Initial) Citizens for Heaton	Transaction ID: SB29.11149 Date of Disbursement
Mailing Address 510 East Washington	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 0</div> </div>
City Mt Pleasant State IA Zip Code 52641	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Nathan Reichert	Transaction ID: SB29.11146 Date of Disbursement
Mailing Address 1155 Iowa Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Muscatine State IA Zip Code 52761	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Tyler Olson	Transaction ID: SB29.11145 Date of Disbursement
Mailing Address P.O. Box 2389	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A. Full Name (Last, First, Middle Initial) Democratic Party of Iowa	Transaction ID: SB29.11143 Date of Disbursement
Mailing Address 5661 Fleur Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50321	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Democratic Party of Iowa	Transaction ID: SB29.11153 Date of Disbursement
Mailing Address 5661 Fleur Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50321	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jacoby for House	Transaction ID: SB29.11142 Date of Disbursement
Mailing Address 2308 Northridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 1 0</div> </div>
City Coralville State IA Zip Code 52241	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

McCarthy for Iowa

Mailing Address 5220 SE 31st Court

City
Des Moines

State
IA

Zip Code
50320

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Murphy for State Representative

Mailing Address 155 North Grandview Avenue

City
Dubuque

State
IA

Zip Code
52001

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paulsen for State House Committee

Mailing Address PO Box 250

City
Hiawatha

State
IA

Zip Code
52233

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Upmeyer for House

Mailing Address 2175 Pine Avenue

City
Garner

State
IA

Zip Code
50438

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

5190.00